

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/13/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>52A223</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>02/27/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>WI VETERANS HM STORDOCK 700</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>N2665 CTY RD QQ</b> <b>KING, WI 54946</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS  Surveyor: 28493 This was a self report investigation conducted at Wisconsin Veterans Home Stordock on 2/27/15.  # of federal citations issued: 1  F225 was cited at a scope/severity level of D (potential for harm/isolated).  Census: 198 Sample size: 15 Survey coordinator: #28493	F 000			
F 225 SS=D	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS  The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.  The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).	F 225			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

03/13/2015

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 225	<p>Continued From page 1</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 28493</p> <p>Based on staff interview and record review, the facility did not have evidence that a potential drug diversion was thoroughly investigated for 1 (member #2) of 2 sampled members reviewed.</p> <p>On 2/5/15, the facility initiated an investigation relating to unrelieved pain for member #1. In addition, the consistency of member #1's liquid morphine appeared to be "thin."</p> <p>The facility had one additional member that received liquid morphine during the time frame that the possible drug diversion had occurred; 2/1/15-2/5/15. The facility did not interview member #2 to determine if the member had unrelieved pain during that time as part of the thorough investigation.</p> <p>Findings Include:</p>	F 225			

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F 225	<p>Continued From page 2</p> <p>The facility's policy states "The facility shall identify and investigate all incidents of alleged member abuse, neglect and mistreatment, and member to member conflict, misappropriation of member property, and injuries of unknown source."</p> <p>The facility's self report investigation dated 2/5/15, documented member #1 had unrelieved pain during the early morning hours of 2/5/15. At that time, the facility determined member #1's bottle of liquid morphine's consistency appeared to be thinner and did not have the usual aroma. Member #1's open bottle of liquid morphine was sent to the Madison crime lab for analysis to determine if the morphine had been tampered with.</p> <p>Member #2's current medication list documented the member had a physician's order dated 2/4/15, for liquid morphine.</p> <p>On 2/27/15 at 8:42 a.m., surveyor #28493 interviewed DON (Director of Nursing)-A regarding member #2, as the result of member #1's liquid morphine that appeared to be tampered with.</p> <p>DON-A confirmed member #2 had a physician's order for liquid morphine and could alert staff if the member was in pain. DON-A indicated member #2 was not interviewed as part of the self report investigation. In addition, DON-A confirmed member #2's medical record was not reviewed to determine if the member had adequate pain relief during the time of the possible drug diversion.</p> <p>DON-A confirmed no additional members were</p>	F 225			

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F 225	Continued From page 3 interviewed as part of the investigation, to determine if pain control was adequate and to rule out possible drug diversion.	F 225			